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Indiana University News-Letter

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VOL. III, No. 8

BLOOMINGTON, INDIANA

AUGUST, 1915

The Social Service Department

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THE ultimate object of the Social Service Department of Indiana University is the same as that of all other departments of the University. This is nothing more nor less than the acquisition and spread of knowledge. If the more obvious aspects of its activities savor of religion, charity, and medicine, its foundation and its end are educational, and educational only.

This department is one of the University's attempts to meet the present plea that education should be for the profit of the many, not the few. There are new obligations upon the universities. They justly are called upon to help the people in all of the problems of their daily life. They acknowledge that states have the right to demand expert knowledge which may assist in any direction. Whatever knowledge is new, whatever can aid, whatever can inspire, whatever knowledge is needed or desired, must be provided for those who can use it on their problems—and problems are many.

Not the least of these is that of human misery. Men ask what constitutes misery. What is its cause and cure? The general public is at last ready to give to its social ills that treatment which every physician accords his patients. A patient receives prompt attention; his disease is diagnosed. The physician next seeks, if he does not already know it, the cause of the disease and at the same time its remedy. Cure follows, or (where cure is impossible) adjustment of the patient to his ills and life. This is the way to treat a sick man and a sick society.

Today the people complain under a burden of men unnecessarily diseased, blind, crippled, insane, feeble-minded, and handicapped physically or mentally because of some preventable disease. The public insists that this is a needless load; it asks relief, and it asks it both from the sociologist and from the physician.

With these added responsibilities thrust upon them, those from whom aid is asked must have aid themselves. The sociologist must seek a laboratory which shall give closer and more exact informa-

tion concerning human ills. The physician, now that in medicine the emphasis has shifted from cure to prevention, must depend more and more upon the public to carry out for him those practical plans born of his medical knowledge and experience. Until recently the sociologist has been inclined to deplore too much concern with the individual recipient of charity. The medical profession as a whole has insisted that the public should be excluded from its field of knowledge. Today social research shows that the most important cause of social dependency is sickness, and that it may be economy to prevent it. At the same time modern medicine maintains that nearly all of the most serious conditions are easily curable if diagnosed and treated early enough, while others can be prevented more easily than cured.

This sudden change has led to strange alliances—among them, the growing partnership of the doctors and the universities, of the hospitals and relief societies, of schools and nurses, of the medical profession and the public, and (closest of all) that of the social worker and the physician. These too must join forces both to save individual patients and to forward large public health and social movements. Medical students and nurses for their own purposes must learn something of social disease and the interrelation of physical and social ills. Students of sociology must know this same interrelation, and in addition the huge economic loss caused by disease. Society wishes to know how it can cure or prevent at least some of its disorders, and save money by spending for health, physical and social. In all this effort, a social service department can do what the sociologist cannot and what the doctors as yet dare not. The social service department, therefore, is the sharp sword of the new alliance and another bridge across the chasm between theory and practice.

The development of the social service department is recent but rapid. Almost at the same moment, without knowledge of each other's activities, hospitals in several places began different aspects of the work. It was not until 1908 that Dr. Richard C. Cabot first suggested the social worker's and the physician's need of each other. The first department is not yet ten years old, but in these ten years new departments have come to light yearly until now there are one hundred and forty-nine in the United States alone. No two have originated in like manner; no two are alike, and upon few points do they resemble each other. The principles of social service have not been formulated nor has its practice as yet passed beyond experiment.

The daily activities of all departments, however, are similar. They concern themselves wholly with the charity patients of dispensaries and hospitals in order to further their cure and to learn from their problems how to help yet others. And all, thus far, have sprung from one or more of five motives.

1. The first of these is simple human pity. This was the only motive back of the European organizations, such as the Lady Almoners' Councils of the London Hospital. Nowhere in all the world was there then visible such a stream of misery as passed thru the dispensaries and free hospital wards of great cities. At that point, therefore, relief agencies decided to attack their problem.

2. The second motive is economy for the hospital. It was perhaps Bellevue Hospital in New York City which first decided that it might be cheaper to provide convalescent care and follow-up work for discharged patients than to improve and discharge the same patient ten times. It unquestionably was more effective and cheaper to educate the ignorant mother of a poorly-fed baby than to feed the baby forever. It was certainly worth while to find a change of employment for a man with a poor heart instead of accepting him in the hospital three times a year.

3. The great Boston medical institutions then discovered that they were not curing their patients. Of what use was it to examine eyes and to prescribe glasses, or to examine legs and order braces, if glasses or braces were never bought? Or, of what use was it to buy them if they were never worn? Why waste money to furnish red medicine with which to ornament a shelf? Of what use was it to say "Drink milk" to a girl who earned eighty-nine cents a day; "Stop work" to a man with six dependent children; "Don't worry" to a deserted wife? So the hospitals and dispensaries established social service departments to supplement the work of their doctors.

4. At the same time Dr. Charles P. Emerson, now Dean of Indiana University School of Medicine, who was then in Johns Hopkins University, realized that medical students must understand for the pursuit of their own profession not only science and medicine but human beings and their homes. He sent his students to work as friendly visitors for the Baltimore Charity Organization Society. Out of that activity finally grew the present Johns Hopkins Social Service Department.

Dr. Emerson believed that if social service could help one patient, it still more could teach one medical student how best to

help that patient and so indirectly help many of the patients whom this student might later treat. He believed that thus in many localities and for a long time this influence would be extended by medical graduates. He also believed that such training unquestionably would fit medical students to be more valuable members of boards of health and leaders in the increasingly large number of civic and medical movements for better social conditions. Certain it is that the student eventually will learn from modern medicine and social service that a great amount of misery and disease among the poor is quite unnecessary, and can be prevented; and that this same misery and disease, with the same necessity for prevention, exists almost equally among the rich. Too, the natural leaders in the campaign of education for public health should be the doctors, for they of all men best know the problem. If social service does nothing but arouse the physician of the future to this opportunity, it justifies its existence.

5. At precisely that moment Dr. U. G. Weatherly, of the Department of Economics and Sociology of Indiana University, was trying, with President William Lowe Bryan of the University, to find laboratory work for his students, especially for those who desired to enter the new profession of social service. Sociology students were going out to practical field work full of scientific wisdom and perfected theory, but ignorant of subnormal human beings and their personal ills. Out of this demand for a sociological laboratory and the public need for more light upon these troubles grew the present Social Service Department of Indiana University.

Nothing but a simple story of this department can show at once how much of an experiment such work still is nor in what a fluid state this department yet exists.

In June, 1911, Indiana University set aside \$800 for the establishment of a social service department which should be a recognized part of the Department of Economics and Sociology of the College of Liberal Arts in Bloomington, but be housed with the School of Medicine in Indianapolis. It was the intention from the first that the department should lay a foundation for research and teaching, and should feel its work to be for the entire State, not for Indianapolis alone. At that time, however, its best point of contact with its problem and its greatest opportunity for helpfulness lay in the Indianapolis City Dispensary.

In September, 1911, at the same time that Dr. Charles P. Emerson entered upon his duties as Dean of the School of Medicine, this department began with one worker, a telephone, and an elaborate

record card. It was located, and still is, with the School of Medicine at Indianapolis. In that building also is the Indianapolis City Dispensary, which is maintained jointly by the School of Medicine and by the Indianapolis City Board of Health. Some patients of this Dispensary, its College clinics, house physician, and district doctors were soon referred to the Social Service Department. At the end of the second year eight hundred and ten patients had been sent to it.

In June, 1914, the Robert W. Long Hospital, a State hospital under the direction of the School of Medicine, was opened. It at once offered eighty-eight beds for free and part-pay patients. Since that time all of these patients have been under the observation and many of them under the further care of the department. The department since September, 1911, has had 2,864 patients referred to it. These, among them, have possessed every physical and social ill known to man, and consequently have illustrated all conceivable medical and social problems and have heavily taxed the heads and hearts of department workers.

Born as a sociological laboratory, the department was plunged at once into an ocean of trouble and was compelled to defer the question of education for the meeting of the individual pains and griefs of its patients.

The first task the one worker had was to multiply herself. She did this by obtaining volunteer workers in the city. Out of this volunteer work have grown new resources, class work, and some instruction in medical sociology for the public. Next year this will result in a well-defined course offered along these lines. Formerly, people were supposed to know nothing of medical questions. They were expected to trust their physician and to ask him no questions. Today, it is realized that in the individual case some of the cure depends upon the patient himself. In the case of public health, this is still more true. The diseases which are responsible for the largest part of misery and poverty are largely diseases which can be prevented or cured only with the coöperation of the public. The duty of preventive medicine, therefore, includes the educating of the public concerning these conditions, both social and physical.

Next, Dr. Emerson asked whether the department would be willing to include medical students among its volunteers. He desired the work for the students themselves and the department gladly accepted them for the sake of the patients. It used seven before 1912 and in 1912-1913 had fifty-nine, more than it could oversee or use to the best advantage. This volunteer work continues irregularly

and without system but with great profit to the patients. These volunteers are now fewer in number but each member of the student body is fully aware of the character of the department's work and even when critical never refuses to be personally helpful with the patient either outside or inside the clinics. From the first the department has seen clearly the value of the student to social service. It reaps a harvest for the patients out of the limited field in which the student works. There is nowhere any organization trying for the physical, mental, and moral betterment of man which does not note and deplore the lack of enough men among its workers. Such men this Social Service Department has in the volunteer students from the School of Medicine. With them it has been able to meet the same problems among its men patients as among its women. No other social service department has been able to do this. Every effort is made to assign to these volunteers patients who will profit by their intensive care and the study of whose cases will give at the same time some further medical and social knowledge to the student.

In addition to this volunteer work the department now offers a class in social medicine open to Junior medical students. This class is entirely unconnected with the volunteer work.

In 1912, the department took on more workers. Also the Woman's Department Club gave the services for one year of a graduate nurse who later remained as a general visitor. From this on growth was rapid, too rapid considering that most of the case work aided Indianapolis patients but was not paid for by the city. Until 1915 the pressure from the School of Medicine upon one side, from the Department of Sociology upon the other, from the patients and from the public, from doctors and social workers, was so heavy that the department was almost crushed. This pressure also threatened to increase so rapidly that it became necessary to make some change.

In November, 1914, therefore, the Social Service Department was made a separate department of the University unallied with any other. It was also given permission to choose its own patients both in the dispensary and hospital. Possibly, also, before the end of 1915 it may be moved to the Robert W. Long Hospital and so may conduct its work from the hospital instead of from the dispensary. This would enable it to do better work for the State patients and to drop part of the heavy local burden. This sounds more like relief than it really is. As a matter of fact it is practically impossible to refuse care for the patient if that care can be

obtained. Even where demands cannot be met they are hard to evade.

The department, therefore, has found it necessary to remain as pleasant and adaptable as possible, to seek all the aid it can get, and to keep its feet upon the rock of a few simple principles.

1. It reminds itself daily that it differs from all other social service departments upon three points:

(a) It is an integral part of the University and therefore is primarily an educator even among its patients.

(b) It is in no sense a relief agency. It raises and disburses no funds and holds to certain general principles in regard to the giving of material help even for social service: (1) Such relief may be given only when it is an inseparable part of the medical treatment and necessary to the patient's recovery. (2) Relief may be given when for definite reasons it would be betraying the confidence of a patient to refer him to any relief agency. (3) In certain exceptional cases—unmarried mothers, for example—the department may ask for financial aid.

(c) While it tries to give to each patient the greatest possible attention, that attention is regarded but as a foundation upon which to build further activity and knowledge.

2. No matter what their training may have been, its workers are not nurses, not doctors, and not social workers, but teachers and seekers of knowledge.

3. It is a State department and not a local organization, and therefore must ask each community to bear the burden of its own patients.

4. It should be at the service of any citizen and should resent nothing which promises in any way to be socially or medically helpful to any person from the highest official to the most forlorn dispensary patient.

5. It must do nothing that it can persuade anyone else to do and if necessary must find a way to show the other person how to do it. It must create resources where none exist and remember always that its indirect results are, after all, its greatest.

6. And last, as first, it must never forget that its work is to teach patient, public, student, teachers, and social workers, nor must it fail to impress upon each one who learns that he, too, must teach. In this connection the department is often reminded of a fact too often forgotten. Few people ever think of the patient himself as a teacher, yet he is the first and greatest one. Once interest a patient in his own condition and problem and give him hope and

he will go further than anyone else according to his ability toward solving that problem. When given the proper encouragement, patients often join the department and thereafter are a part of its working force. Both patients and workers learn new truths and the patient himself may go away in the end an educator who will reach people whom the University never so much as sees.

At present the department finds itself with five lines of work: (1) the public, (2) the student, (3) the dispensary patient, (4) the hospital patient, (5) research.

The department will offer for 1915-1916 the following classes for public and students. Information in addition to this announcement will be furnished gladly.

1. Medical Sociology. A study of practical social problems. Designed for students from the Department of Sociology and for other students or high school graduates desiring to do social work. First and Second semesters, two hours a week, at an hour to be appointed.
2. General Training in Social Service. An introduction to social problems. Open for credit to high school graduates and to students matriculated in the University. Any interested person may enter as auditor. First and Second semesters, one hour a week.
3. Medical Sociology for Nurses. Study, with laboratory work, of social conditions encountered by nurses. Second semester, one hour a week.
4. Social Medicine. A study of interrelated social and physical conditions. First and Second semesters, one hour a week. Open to Juniors in the School of Medicine.
20. Research. Study of statistics and information gathered by the Department; or of conditions, in any part of the State, discovered in its work. Open only to Graduate students.

The department is yet too young to have done any research work of great value. The future of such work promises much but at present there are too few records and too few workers. Both sociology and medicine are concerned with the problems of pathology because they desire to discover the means of prevention and cure. Diagnosis is the first task of both sciences and in accomplishing this each supplements the other. This is the point of contact between the two aspects of the work of the Social Service Department. The collection of exact information about the medical and social status of the dispensary patients, therefore, is most important. The University stands for scientific research as the basis of expert knowledge but the statistical material which will throw light upon problems must be collected for a long time. The Social Service Department is a laboratory where such information gradually is being gathered but it will be a task of the future to collate

the facts thus secured and from them to formulate conclusions. Thus far, however, the department has furnished the material and the work for three studies and for three theses for the Master's degree. These three studies are:

1. A Study of the Economic Cost of Sickness.
2. A Study of One Hundred Fifteen Mothers.
3. A Study of One Hundred and Twenty Defective Patients.

The three theses are:

1. A Preliminary Study of Twelve Subnormal Family Groups.
2. The Association of Dependence in Seven Hundred Families.
3. A Study of Two Hundred Wage-Earning Women.

Not one of these is in print, but all are available for use. The department also has issued one report which gives a full and detailed account of the first two years of its work. A few of these are yet undistributed and may be had upon request.

The patient, of course, is after all the cause of all the department's efforts. He underlies all of its activities. He consumes the days of the workers, furnishes the material for records and research, and is the text for all teaching. About him all of the work of the department revolves. While the department has other reasons for existence, the patient alone gives it its daily excuse for being. All else is the outcome of its dealings with him.

To its own surprise the department, after working with the patients of the dispensary for three years, found the problems of dispensary and hospital patients unlike. Even when the patients themselves are the same people, their problems are of one sort in the dispensary and of another in the hospital.

Most of the dispensary patients present, taken all together, variations of only a few problems:

1. Improper care or feeding of children.
2. Temporary or permanent relief for cure or care.
3. Nurse's care.
4. Drink and drug habitués.
5. Institutional care.
6. Employment or change of employment.
7. Oversight, encouragement, or persuasion.
8. Nervous patients.
9. Tuberculous patients.
10. Sex problems.
11. Prenatal work.
12. Foreign patients.

In carrying out the request of the physician for the patients referred because of the above problems, the department relies as

much as possible upon the resources of the community. Practically all of the relief organizations in Indianapolis, as well as churches and individuals without number, have furnished more or less financial aid. There is a popular impression that all of the department's work involves material relief, but nothing could be further from the truth. It does at times feel keenly the need for emergency money and it does ask relief for patients who otherwise would remain sick but this is the least of its problems. For many patients nothing but institutional care will suffice and all too many receive no aid because there is not sufficient provision for institutional care. The department considers that its most effective work has been done among children in the education of the parents, in dealing with sex problems which cannot be turned over to other people, and with those patients who need change of employment, oversight, advice, encouragement, and persuasion. Practically all of the patients come in this last class sooner or later and this task is the most constant, the most pressing, the most trying, and the most needed of any that is done. Nothing is so well worth accomplishing as persuading the patient to look after himself or to show him how it may be done. The matter of employment is another question, especially this year when there has not been enough work even for normal men. The problem of the handicapped is one which is never fully answered and one which never will be until the citizens in all places awake to the need and begin to assist with it.

In the hospital all of these same problems appear but not in the same proportion. There are few cases of improper care or feeding of children demanding attention from the department. If such cases are in the hospital, they are entirely under control. There is practically no temporary or permanent relief requested except institutional care or temporary care for the patient's family. Nurses' care is never needed, drink and drug habitués in the hospital are under control and nothing is needed for them except following, change of employment, and instruction of their families after hospital days. No institutional care is requested because if this is needed and available the hospital may transfer the patient itself. Nervous patients present fewer needs when safe in bed under a physician's care and tuberculous patients are not admitted, while the number of foreigners is negligible. Upon the other hand, sex problems are much more numerous, complicated, and tragic. Employment is in demand and change of employment and employment for the handicapped is one of the most frequent questions,

while oversight, encouragement, or persuasion among the patients is without end.

In addition, new problems have arisen from the hospital work, the chief of which are the following. Convalescent care for the discharged patient is often required; the education of families to which patients return is important; the question of the handicapped, especially that of crippled children, has assumed enormous proportions. Many patients need entertainment, instruction, and encouragement. Children born in the hospital should be followed for at least two years. The department should know what care they have at home and what disposition is made of illegitimate children. This last already threatens to bring to light some most undesirable conditions in the State. The unmarried mother was the least of dispensary problems but is among the greatest in the hospital. Scarcely less large and unanswerable is that of the mother who leaves little children behind her when she enters the hospital.

Most important of all is the finding or creating of resources in the respective communities of the patients and of following these patients to their homes until such time as it is certain that they are completely well or once more back to normal living as able and self-supporting citizens.

Even in this space it is impossible to take up in detail the problems of the patients which constitute the active work or to repeat any of the illustrative and illuminating stories concerning them. The department must always look thru the individual patient to the locality in which he lives and find there the cause which makes individuals sick or which keeps them so. Such work cannot be limited to the confines of one city; it must be State-wide. The Indiana University can be satisfied with nothing less than better health, diminished poverty, and increased knowledge concerning these questions for the coming generations of Indiana.

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VOL. III, No. 9

BLOOMINGTON, INDIANA

SEPTEMBER, 1915

Bureau of Coöperative Research in Education

Purpose. The Bureau of Coöperative Research of the Indiana University School of Education is intended to stimulate the scientific study of educational problems on the part of Indiana school officers. It seeks to assist superintendents, principals, and teachers in the pursuit of such studies in connection with their school work, and to collect and publish such material and investigations as will further the growth of educational science. The work of the Bureau is under the direction of Associate Professor M. E. Haggerty.

Membership. The Bureau invites to membership any resident of Indiana who wishes to coöperate in the furtherance of these enterprises and who will actively engage in such educational research. By engaging in research is meant the gathering of data, making experiments, treating collected data by scientific methods, preparing results for publication. If a person coöperates in any one or all of these ways he will be considered eligible to membership and entitled to the services of the Bureau. Where a teaching corps engages coöperatively in the study of a problem, each person coöperating will be eligible to membership.

Superintendents' and other educational clubs become members of the Bureau when seventy-five percent of the active members of such clubs have affiliated with the Bureau.

Services. The Bureau undertakes to render to its affiliated members services in the following ways:

1. Each year it will issue a bulletin indicating the fields in which research may be profitably undertaken and in which it is prepared to render aid.

2. Upon request of members the Bureau will furnish samples of such standard tests, blank forms, and other materials as it recommends for use. When such tests are ordered in quantities for school testing, they will be paid for by the users.

3. When any member reports to the Bureau the results of research, the Bureau will make such comparative tabulations as seem worth while and place the same at the disposal of the person submitting the data. The data itself will be used in computing standard norms, but names of towns and of individuals will be published only by permission.

4. From time to time the Bureau will publish the results of its work in each field. One important feature of the work will be the publication of standard norms of achievement in school subjects for Indiana schools. One copy of each publication will be sent free to each member. Other copies may be had at a minimum price.

5. In the case of superintendents' and other clubs which are affiliated members of the Bureau and which desire special comparative studies of the schools represented in such clubs, the Bureau will make the tabulations in so far as the schools represented furnish the necessary data. The results of such work will be placed at the disposal of the clubs in a form suitable for study.

6. Bibliographies on important educational problems will be furnished free to members. In certain cases the books themselves may be loaned through the Extension Division.

Fees. The annual fee for individual members will be \$2.00. The University on its part engages to appropriate to the uses of the Bureau an amount sufficient to make the Bureau serviceable in the ways specified above.

Present Lines of Work. For the year 1915-16 the Bureau will undertake work along at least four lines, as follows:

A. Studies in arithmetic by means of the Courtis Standard Tests, Series B.

B. Studies in reading by means of the Thorndike reading scales.

C. Studies in spelling by means of the Ayres and Buckingham spelling scales.

D. Studies in unit cost of high school instruction.

Detailed announcement of topic D will be made later. Other studies may also be announced.

Studies in Arithmetic. The Courtis tests have been the means of two coöperative studies in Indiana schools. The first of these studies is now in print and may be had by writing the Indiana University Book Store (price fifty cents). The second will be

issued during the current year and will show the condition of the arithmetic work in twenty Indiana cities, in the district and consolidated schools of six Indiana counties, and the arithmetical ability of high school and college students. There will also be four or more special studies of the effects of drill in fundamental operations by school principals and superintendents.

For the year 1915-16 it is recommended that as many persons as possible undertake studies in the effects of drill in one or more of the fundamental processes. The plan is to give the Courtis tests near the beginning of a semester, follow this by a well controlled drill, and this again by the Courtis tests. The drill period may be of any length from five to twenty minutes; it may occur daily, twice, or three times a week; it may continue for a week, a month, a semester, or a year. Where possible it should cover grades four to eight.

In order that there may be some uniformity it is recommended that all persons contemplating this investigation write the Bureau for specific instructions as to the conduct of the drill.

Persons not in a position to undertake the investigation of the effects of drill may be able to give the tests one or more times and thus to measure the standing of their schools with the Indiana Standard (see *Indiana University Studies*, No. 27). Copies of the Indiana Standard Chart may be had of the Indiana University Book Store, at five cents each.

Studies in Reading. Nineteen Indiana cities used the Thorndike reading scales in coöperation with the Bureau during the year 1914-15, and the results will be published sometime during the current year. These scales are again recommended for use in testing visual vocabulary and the ability to understand sentences. These scales are described by Professor E. L. Thorndike in *Teachers College Record* for September, 1914, and a copy of this should be in the hands of every person using the scales.

Studies in Spelling. At the second Indiana University Conference on Educational Measurements, Dr. L. P. Ayres presented a measuring scale for ability in spelling. The scale contains a thousand words—"the thousand commonest words in English writing"—scaled in order of spelling difficulty (see *Proceedings of Second Annual Conference on Educational Measurements*). It is proposed to use this scale in measuring the ability of Indiana school children. Printed directions for the use of the scale in this survey will be sent on request.

Supplies for Tests. Arrangements have been made for furnishing both the Courtis arithmetic tests, the Thorndike scales, and the Ayres spelling scale through the Bureau. For convenience the prices are here appended:

A. COURTIS ARITHMETIC TESTS, SERIES B.

	<i>Number Needed</i>	<i>Price</i>
Individual tests	One for each child.....	.015
Folder of directions	One for each scorer.....	.05
Answer card	One for each scorer.....	.015
Class record sheet	One for each class tested.....	.015
School record sheet.....	One for each building or city.....	.015
Supervisory graphs	One for each building or city.....	.05
General graphs	One for each class.....	.015
Tabulation sheets	One for each school.....	.015

From the total of the bill a coöperative discount of twenty-five percent is allowed by Mr. Courtis in case the results of the tests are returned to this Bureau.

B. THORNDIKE READING SCALES.

	<i>Number Needed</i>	<i>Price</i>
1. Scale A (Visual Vocabulary)	One for each child.....	.006
2. Scale Alpha (Understanding of Sentences).....	One for each child.....	.006

C. SPELLING SCALE

One for each teacher..... .05

In ordering these tests care should be taken to indicate the number of each item desired.

Persons desiring to become identified with the Bureau should determine what line or lines of investigation they wish to follow and write for further information regarding the problems in which they are interested. The Bureau will be glad to answer questions regarding either of the proposed studies. The enrollment fee may be paid at any time.

Address all communications to

BUREAU OF COÖPERATIVE RESEARCH,
INDIANA UNIVERSITY,
Bloomington, Indiana.